	Casa 24	12140 D	مانا د مو	4 0612412)4 Ente	arod 06	12/1/24	00.26.1	6 Doco M	1ain		
Fill	in this information to identif	y your case:					- '' C		x only as directe	d in this for	m and in	
D	ebtor 1 Debr	a		Benekin					no presumption			
	First Na	ame Mid	dle Name	Last Name			1 1_	_				
	ebtor 2 Step Spouse, if filing) First Na		dle Name	Morgan Last Name				of abuse a	ulation to determ oplies will be ma of Calculation (Of	de under C	Chapter 7	
	nited States Bankruptcy Co	urt for the:	Eastern	District of F	Pennsylvan	nia		3. The Mea	ans Test does no military service	t apply nov but it could	v because l apply later.	
	ase number known)							Check if th	is is an amende	d filing		
— Of	ficial Form 122	\-1					_					
<u> </u>	napter 7 State	— ement of	Your C	urrent	Mont	hly Ir	ncom	ne			12/19	
attad and beca with	as complete and accurate a ch a separate sheet to this case number (if known). If ause of qualifying military to this form. Tt 1: Calculate Your C	form. Include the you believe that y service, complete	line number to you are exemp and file <i>Stater</i>	which the a	dditional info	ormation a	pplies. O ecause ye	n the top of ou do not ha	any additional p	ages, write nsumer del	e your name bts or	
١.		nt is your marital and filing status? Check one only. Iot married. Fill out Column A, lines 2-11.										
	-			Columns A	and B. lines	2-11.						
☑ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. ☐ Married and your spouse is NOT filing with you. You and your spouse are: ☐ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.												
	Living separately of under penalty of page 3 spouse are living	or are legally sepa perjury that you an	arated. Fill out d your spouse	Column A, lin are legally se	nes 2-11; do i parated und	not fill out (er nonbank	Column B cruptcy la	s. By checkin w that applie	s or that you and			
10 va ex	ill in the average monthly in 01(10A). For example, if you aried during the 6 months, a xample, if both spouses own 0 in the space.	are filing on Sepand the income for	tember 15, the all 6 months a	6-month periond divide the	od would be total by 6. Fil	March 1 th Il in the res	rough Au ult. Do no olumn on Column	gust 31. If the ot include and ly. If you have and A	e amount of you y income amoun e nothing to repo	r monthly i	ncome n once. For	
							Debtor	1	Debtor 2 or non-filing spo	use		
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).							\$0.00		<u>\$0.00</u>		
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.							\$0.00		<u>\$0.00</u>		
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							\$0.00		<u>\$0.00</u>		
5.	Net income from operatin or farm	g a business, pro	fession,	Debtor 1	Debtor 2							
	Gross receipts (before all	deductions)		\$0.00	\$0.00							
	Ordinary and necessary of	perating expenses	-	\$0.00	\$0.00							
	Net monthly income from a	a business, profes	sion, or farm	\$0.00	\$0.00	Copy here →		\$0.00		\$0.0 <u>0</u>		
6.	Net income from rental ar	nd other real prop	erty	Debtor 1	Debtor 2							
	Gross receipts (before all		-	\$0.00	\$0.00							
	Ordinary and necessary of	,	· -	\$0.00	- \$0.00							
	,	- •	Г			Сору						
	Net monthly income from I	rental or other real	property	\$0.00	\$0.00	here		\$0.00		\$0.00		
7	Interest dividends and m	ovalties				*		\$0.00		\$0.00		
1.	Interest, dividends, and re	-yailies						Ψ0.00				

Debtor 1 Debtor 2 ase 24-12148 Doc 3

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6 Desc Main

Case number (if known). First Name Middle Name Last Name Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit the Social Security Act. Instead, list it here: \$3,645.64 For you..... For your spouse..... \$2,133.28 9. Pension or retirement income. Do not include any amount received that was a \$0.00 \$0.00 benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Pro-Rata 2023 Federal Income Tax Refund \$84.83 \$0.00 Total amounts from separate pages, if any. \$0.00 \$84.83 \$84.83 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: \$84.83 12a. Copy your total current monthly income from line 11..... Copy line 11 here Multiply by 12 (the number of months in a year). x 12 12b. The result is your annual income for this part of the form. \$1,017.96 12b 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Pennsylvania Fill in the number of people in your household. \$81,574.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. ☑ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.

Case 24-12148 Debra Entered 06/24/24 09:36:16 Doc 3 Filed 06/24/24 Desc Main Debtor 1 Page 3 of 3 Debtor 2 Stephen Case number (if known) First Name Middle Name Last Name Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Debra Benekin X /s/ Stephen Morgan Signature of Debtor 1 Signature of Debtor 2 Date 06/24/2024 Date 06/24/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

MM/ DD/ YYYY

If you checked line 14b, fill out Form 122A-2 and file it with this form.